Microfilm R31 B6

08338374 Genuine Article#: 272YD Number of References: 38
Title: Rehabilitation after traumatic brain injury
Author(s): Barnes MP (REPRINT)
Corporate Source: UNIV NEWCASTLE UPON TYNE,HUNTERS MOOR REG NEUROREHABIL CTR, ACAD UNIT NEUROL REHABIL, HUNTERS RD/NEWCASTLE UPON TYNE NE2 4NR/TYNE & WEAR/ENGLAND/ (REPRINT)
Journal: BRITISH MEDICAL BULLETIN, 1999, V55, N4, P927-943
ISSN: 0007-1420 Publication date: 19990000
Publisher: ROYAL SOC MEDICINE PRESS LTD, 1 WIMPOLE STREET, LONDON W1M 8AE, ENGLAND
Language: English Document Type: ARTICLE
Geographic Location: ENGLAND
Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine;
Journal Subject Category: MEDICINE, GENERAL & INTERNAL
Abstract: Head injury is a common disabling condition but regrettably facilities for rehabilitation are sparse. There is now increasing evidence of the efficacy of a comprehensive multidisciplinary rehabilitation team compared to natural recovery following brain injury. This chapter outlines some basic concepts of rehabilitation and emphasises the importance of valid and reliable outcome measures. The evidence of the efficacy of a rehabilitation programme is discussed in some detail. A number of specific rehabilitation problems are outlined including the management of spasticity, nutrition, pressure ***sores*** and urinary continence. The increasingly important role of assistive technology is illustrated, particularly in terms of communication aids and environmental control equipment. However, the major long-term difficulties after head injury focus around the cognitive, intellectual, behavioural and emotional problems. The complex management of these disorders is briefly addressed and the evidence of the efficacy of some techniques discussed. The importance of recognition of the vegetative state and avoidance of misdiagnosis is emphasised. Finally, the important, but often neglected, area of employment rehabilitation is covered.
Identifiers--KeyWord Plus(R): UPPER EXTREMITY SPASTICITY; SEVERE HEAD-INJURY; EARLY INTERVENTION; CONTROLLED TRIAL; BOTULINUM TOXIN; FOLLOW-UP; RELATIVES; EFFICACY
Cited References:
*BRIT SOC REH MED, 1998, REH TRAUM BRAIN INJ
ANDREWS K, 1996, V313, P13, BRIT MED J
ARONOW HU, 1987, V2, P24, J HEAD INJURY REHABI
BADER DL, 1990, PRESSURE SORES CLIN
BLACKERBY WF, 1990, V4, P167, BRAIN INJURY
BRICOLO A, 1980, V52, P625, J NEUROSURG
BROOKS N, 1984, CLOSED HEAD INJURY P
COPE DN, 1982, V63, P433, ARCH PHYS MED REHAB
COPE DN, 1991, V5, P111, BRAIN INJURY
EAMES P, 1996, V10, P631, BRAIN INJURY
FOSTER HG, 1989, V13, P865, PROG NEURO-PSYCHOPH
GIANUTSOS R, 1991, V5, P353, BRAIN INJURY
GOLDBERG DP, 1979, V9, P139, PSYCHOL MED
GOODKIN DE, 1988, V69, P850, ARCH PHYS MED REHAB
GRANGER CV, 1986, GUIDE USE UNIFORM DA
GUALTIERI CT, 1988, V2, P101, BRAIN INJURY
JENNETT B, 1981, V44, P285, J NEUROL NEUROSUR PS
LARSON DE, 1987, V93, P48, GASTROENTEROLOGY
LIPIDES J, 1974, V111, P184, J UROLOGY
MACKAY LE, 1992, V73, P635, ARCH PHYS MED REHAB
MATTES JA, 1985, V142, P1108, AM J PSYCHIAT
MCKINLAY WW, 1981, V44, P527, J NEUROL NEUROSUR PS
ODDY M, 1978, V133, P507, BRIT J PSYCHIAT
ROGERS RC, 1988, V2, P169, BRAIN INJURY
SEMLYEN JK, 1998, V79, P678, ARCH PHYS MED REHAB

SEMLYEN JK, 1997, V11, P213, J NEUROL REHABIL
SIMPSON DM, 1986, V47, P191, J CLIN PSYCHIAT
SIMPSON DM, 1996, V46, P1306, NEUROLOGY
TENNANT A, 1995, TRAUMATIC BRAIN INJU
TUEL SM, 1992, V6, P363, BRAIN INJURY
TURNERSTOKES L, 1998, V12, P304, CLIN REHABIL
WADE DT, 1988, V10, P64, INT DISABILITY STUD
WADE DT, 1998, V65, P177, J NEUROL NEUROSUR PS
WADE DT, 1992, MEASUREMENT NEUROLOG
WEHMAN PH, 1990, V71, P1047, ARCH PHYS MED REHAB
WILSON B, 1984, CLIN MANAGEMENT MEMO
WILSON BA, 1994, V4, P307, NEUROPSYCHOL REHABIL
YABLON SA, 1996, V47, P939, NEUROLOGY

WEST Search History

Hide Items | Restore | Clear | Cancel

DATE: Wednesday, June 13, 2007

Hide?	Set Name	Query	Hit Count
		DB=PGPB,USPT,USOC,EPAB,JPAB,DWPI; PLUR=YES; OP=OR	
☐	L12	L11 not l10 not l9	382
☐	L11	(botulinum or botulin or toxin or neurotoxin or clostrid$ or bont or botox$ or dysport$ or myobloc$ or clostrid$ or botulin$) near10 (bedsore or bed-sore or pressuresore or pressure-sore or decub$ or wound or microtrauma or micro-trauma)	387
☐	L10	l8 and (bedsore or bed-sore or pressuresore or pressure-sore)	3
☐	L9	l8 and ((pressure near3 sore$) or decub$ or $ulcer)	17
☐	L8	L7 and (botox$ or dysport$ or myobloc$ or clostrid$ or botulin$)	149
☐	L7	L5 not L6	645
☐	L6	L5 and first.in.	2
☐	L5	(l3 or L4).ti,ab,clm.	647
☐	L4	(botulinum or toxin or neurotoxin or clostrid$ or bont) near6 ($sore or pressure or decub$ or wound or microtrauma or micro-trauma)	535
☐	L3	(botulinum or toxin or neurotoxin or clostrid$ or bont) same ($sore or pressure or decub$ or wound or microtrauma or micro-trauma)	4753
☐	L2	l1 and (sore or pressure or decub$ or wound)	11
☐	L1	first.in. and (botulinum or toxin or neurotoxin or clostrid$ or bont)	26

END OF SEARCH HISTORY

DOCUMENT-IDENTIFIER: US 6447787 B1
TITLE: Methods for enhancing wound healing

Detailed Description Text (30):
Enhanced Wound Healing by Botulinum Injection in Humans

Detailed Description Text (32):
The patient was placed in a supine position, and 5 ml of 0.5% lidocaine with 1:200,000 epinephrine was locally injected. The scar was excised and bleeding was controlled with monopolar cautery. Botulinum toxin A was injected (10 units) into the frontalis muscle under direct vision fanning out from the wound. The wound was closed using 6-0 Vicryl for deep and 6-0 Nylon for superficial sutures. An additional 7.5 units of botulinum toxin A were injected into the procerus and corrugator muscles bilaterally, as frowning caused distortion of the wound.

Other Reference Publication (10):
Gassner et al., "Treatment of Facial Wounds with Botulinum Toxin A Improves Cosmetic Outcome in Primates," Plast. Reconstr. Surg., 2000, 105(6):1948-1953.

CLAIMS:

1. A method for treating a patient having an acute skin wound, said method comprising locally administering an amount of botulinum toxin in or in close proximity to said acute skin wound, such that healing of said skin wound is enhanced.

29. An article of manufacture comprising packaging material and an amount of a botulinum toxin, wherein said packaging material comprises a label that indicates said botulinum toxin is useful for treating a patient having an acute skin wound, and wherein local administration of said amount of said botulinum toxin enhances healing of said skin wound.

Previous Doc Next Doc Go to Doc#

DOCUMENT-IDENTIFIER: US 20020061846 A1
TITLE: Methods for preventing or attenuating pathoangiogenic conditions

Detail Description Paragraph:
[0018] GBS toxin was subsequently found to have many therapeutic properties. It is an anticancer agent that inhibits vascularization of solid tumors (U.S. Pat. No. 5,010,062 and corresponding European Patent No. EP 0 445 280 B1; DeVore et al. (1997) Clinical Cancer Res. 3,365-372)). In addition, as described in U.S. Pat. No. 5,858,991 and WO98/32453, GBS toxin facilitates wound healing in mammals by minimizing scarring and accelerating healing, and reduces wound-related tumor progression. GBS toxin also enhances repair of neural injuries by minimizing the formation of glial scars (U.S. Pat. No. 5,981,508 and WO98/32448) and ameliorates the symptoms of certain chronic inflammatory diseases such as rheumatoid arthritis and psoriasis (WO98/32452).

Previous Doc Next Doc

DOCUMENT-IDENTIFIER: US 20030021775 A1
TITLE: Device for and method of controlled enzymatic removal and retrieval of tissue

Summary of Invention Paragraph:
[0012] U.S. Pat. No. 6,146,626 to Markert at al. describes the preparation of a proteolytic enzyme mixture comprising collagenase and elastase from Clostridium histolyticum, for application in wound healing and obtaining cells from whole tissue or tissue fragments. Conditions for the topical application of the enzyme to burn wounds, and the isolation of cells from a variety of human and other animal tissue are discussed. However, the procedure described relates to preparation of cells for tissue culture from tissue fragments rather than the therapeutic application of cell removal from live tissue. Furthermore, no provision is made for collection of cells from living tissue in situ.

Previous Doc Next Doc Go to Doc#

DOCUMENT-IDENTIFIER: US 20050002931 A1
TITLE: GBS toxin receptor

Summary of Invention Paragraph:
[0004] In addition, as described in U.S. Pat. No. 5,858,991 and WO98/32453, GBS toxin facilitates wound healing in patients by minimizing scarring and accelerating healing, and reduces wound-related tumor progression.

Previous Doc Next Doc Go to Doc#

DOCUMENT-IDENTIFIER: US 20030036502 A1
TITLE: Methods for enhancing wound healing

Detail Description Paragraph:
Enhanced Wound Healing By Botulinum Toxin A Injection In Humans

Detail Description Paragraph:
[0036] The patient was placed in a supine position, and 5 ml of 0.5% lidocaine with 1:200,000 epinephrine was locally injected. The scar was excised and bleeding was controlled with monopolar cautery. Botulinum toxin A was injected (10 units) into the frontalis muscle under direct vision fanning out from the wound. The wound was closed using 6-0 Vicryl for deep and 6-0 Nylon for superficial sutures. An additional 7.5 units of botulinum toxin A were injected into the procerus and corrugator muscles bilaterally, as frowning caused distortion of the wound.

Pain management in patients with multiple sclerosis

Murray, T Jock. **Pain Research & Management : The Journal of the Canadian Pain Society**. Spring 2000. Vol. 5, Iss. 1; pg. 77

Subjects:	Pain, Management, Multiple sclerosis
Classification Codes	9172
Author(s):	Murray, T Jock
Document features:	Tables; References
Publication title:	Pain Research & Management : The Journal of the Canadian Pain Society. Spring 2000. Vol. 5, Iss. 1; pg. 77
Source type:	Periodical
ISSN:	12036765
ProQuest document ID:	412584361
Document URL:	http://proquest.umi.com/pqdweb?did=412584361&sid=1&Fmt=1&clientId=19649&RQT=309&VName=PQD

L12: Entry 26 of 382 File: PGPB Nov 16, 2006

DOCUMENT-IDENTIFIER: US 20060257430 A1
TITLE: Methods of modulating intracellular degradation rates of toxins

Brief Summary Text:
[0037] A botulinum toxin has also been proposed for or has been used to treat skin wounds (U.S. Pat. No. 6,447,787), various autonomic nerve dysfunctions (U.S. Pat. No. 5,766,605), tension headache, (U.S. Pat. No. 6,458,365), migraine headache pain (U.S. Pat. No. 5,714,468), sinus headache (U.S. patent application Ser. No. 429,069), post-operative pain and visceral pain (U.S. Pat. No. 6,464,986), neuralgia pain (U.S. patent application Ser. No. 630,587), hair growth and hair retention (U.S. Pat. No. 6,299,893), dental related ailments (U.S. provisional patent application Ser. No. 60/418,789), fibromyalgia (U.S. Pat. No. 6,623,742), various skin disorders (U.S. patent application Ser. No. 10/731,973), motion sickness (U.S. patent application Ser. No. 752,869), psoriasis and dermatitis (U.S. Pat. No. 5,670,484), injured muscles (U.S. Pat. No. 6,423,319) various cancers (U.S. Pat. No. 6,139,845), smooth muscle disorders (U.S. Pat. No. 5,437,291), down turned mouth corners (U.S. Pat. No. 6,358,917), nerve entrapment syndromes (U.S. patent application 2003 0224019), various impulse disorders (U.S. patent application Ser. No. 423,380), acne (WO 03/011333) and neurogenic inflammation (U.S. Pat. No. 6,063,768). Controlled release toxin implants are known (see e.g. U.S. Pat. Nos. 6,306,423 and 6,312,708) as is transdermal botulinum toxin administration (U.S. patent application Ser. No. 10/194,805).

Brief Summary Text:
[0039] It is known that a botulinum toxin can be used to: weaken the chewing or biting muscle of the mouth so that self inflicted wounds and resulting ulcers can heal (Payne M., et al, Botulinum toxin as a novel treatment for self mutilation in Lesch-Nyhan syndrome, Ann Neurol 2002 September;52(3 Supp 1):S157); permit healing of benign cystic lesions or tumors (Blugerman G., et al., Multiple eccrine hidrocystomas: A new therapeutic option with botulinum toxin, Dermatol Surg 2003 May;29(5):557-9); treat anal fissure (Jost W., Ten years' experience with botulinum toxin in anal fissure, Int J Colorectal Dis 2002 September;17(5):298-302, and; treat certain types of atopic dermatitis (Heckmann M., et al., Botulinum toxin type A injection in the treatment of lichen simplex: An open pilot study, J Am Acad Dermatol 2002 April;46(4):617-9).

Delivered necrotic